

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/539,523
FILING DATE
APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2		/						52					
3		12						53					
4		21						54					
5		76						55					
6		87						56					
7		14						57					
8		91						58					
9		10						59					
10		15						60					
11		15						61					
12		15						62					
13		15						63					
14		17						64					
15		14						65					
16		10						66					
17		10						67					
18		10						68					
19		15						69					
20		10						70					
21		10						71					
22		1						72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		1	↓		↓		↓						
TOTAL DEP.		21	←		←		←		↓		↓		↓
TOTAL CLASSES		22						←		←		←	